

1. CIR./DIST./ DIV. CODE CAU	2. PERSON REPRESENTED DUVARDO, JEFFREY		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER CV-05-05428-MHP		4. DIST. DKT./DEF. NUMBER CV-05-05428-MHP	5. APPEALS DKT./DEF. NUMBER 09-15283	6. OTHER DKT NUMBER HA
7. IN CASE/MATTER OF (Case Name) JEFFREY LEE DUVARDO V. GEORGE GIURBINO		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Other... <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Appeal <input type="checkbox"/> Petty Offense <input type="checkbox"/> Habeas Appeal	9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input checked="" type="checkbox"/> Appellant <input type="checkbox"/> Appellee <input type="checkbox"/> Petitioner - Appellant	10. REPRESENTATION TYPE (See Instructions) HA
11. OFFENSE(S) CHARGED (Cite U. S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense 28:2254				
12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix), AND MAILING ADDRESS MR. NATHANIEL P. GARRETT 555 CALIFORNIA ST., 26TH FLR. SAN FRANCISCO, CA 94104 Telephone Number 415-875-5731				
FILED NOV 13 2009 RICHARD W. WILSON CLERK US DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA 11/16/09 Hon. Judge Ruled Signature Of Presiding Judicial Officer or By Order Of The Court 11/4/2009 Date Of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO				
13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Sub for Retained Atty. <input checked="" type="checkbox"/> P Subs for Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: Iversen, Judd Appointment Date: 5/14/2009 <input type="checkbox"/> Other (See Instructions)				
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions.) JONES DAY 555 CALIFORNIA ST., 26TH FLR. SAN FRANCISCO CA 94104				
15. COURT SERVICES AND EXPENSES CATEGORIES (attached itemization of services with dates)				
15. In Court		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS
				MATH/TECH ADJUSTED AMOUNT
a. Arraignment And/or Plea				
b. Bail And Detention Hearings				
c. Motion Hearings				
d. Trial				
e. Sentencing Hearings				
f. Revocation Hearings				
g. Appeals Court				
h. Other (Specify On Additional Sheets)				
16. RATE PER HOUR		TOTALS:		
16. Out Of Court				
a. Interview and conferences				
b. Obtaining and reviewing records				
c. Legal research and brief writing				
d. Travel time				
e. Investigative and other work (Specify on additional sheets)				
17. TRAVEL EXPENSES (Lodging, parking, meals, mileage, etc.)				
18. OTHER EXPENSES (other than expert, transcripts, etc.)				
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
FROM: _____ TO: _____				
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.				
Signature Of Attorney _____ Date _____				
APPROVAL FOR COMPENSATION AND EXPENSES ONLY				
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOT. AMT. APPR/CERT.
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28A. JUDGE/MAG CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE); Payment approved in excess of the statutory threshold amount			DATE	34A. JUDGE CODE